

Request for Catastrophic Illness Donation

Name: _____

County Court: _____

Probation Office: _____

Other: _____

I meet the following eligibility requirements:

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I have exhausted my own paid leave including compensatory time, sick leave and vacation leave because of a bona fide serious illness or accident.

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*I have been absent for at least thirty workdays during the past six months due to this serious illness or accident.

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I have included a medical certification of this illness or injury.

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I have successfully completed my provisional period with the Supreme Court.

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I have not nor will not offer anything of value in exchange for leave donations.

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I understand that if I receive donated leave it becomes wages for employment for tax purposes.

** As a general rule, illnesses which qualify as “serious health conditions” under the Family and Medical Leave Act could be considered eligible for a catastrophic illness donation. This would also include an immediate member of an employee’s family who would have a serious health condition that would require the employee’s presence.*

I am requesting approximately _____ hours of catastrophic leave with the understanding that I if I do not use all of this it will be returned to the Sick Leave Bank.

Signature: _____

Printed Name: _____

Date: _____